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ABSTRACT

Reported is a study of the administration of special education service delivery programs in five randomly selected Connecticut towns. The study was intended to provide background information necessary for state legislative decisions, and it focused on the process of the identification, prescription, planning, placement, evaluation, and followup of exceptional children by the Planning and Placement Teams (PPT) within each school system. A description of the research design points out strengths and limitations of the case study approach, and lists questions asked of parents, teachers, and administrators. Case study reports on each town consist of a basic profile of the town's size and special education program; a description of the administration of service delivery (including goal setting, supervision, and communication with staff and parents); and an examination of the PPT process. Seven major conclusions of the study are summarized such as that the methods used and the comparability of student records varied widely; that monitoring, review, and followup activities were the weakest area in all systems; and that parental awareness and understanding of their child's exceptionality was minimal. (LS)

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OFFICE OF LEGISLATIVE RESEARCH

THE ADMINISTRATION OF SERVICE DELIVERY PROGRAMS IN SPECIAL EDUCATION IN FIVE CONNECTICUT TOWNS:

The Organization and Coordination of the Planning and Placement Team Process

Interim Report to the Education Committee of the Connecticut General Assembly.

Submitted by:

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December 31st, 1974

CONNECTICUT GENERAL ASSEMBLY
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THE STUDY IN BRIEF

The purpose of this report on the administration of special education service delivery in five randomly selected towns is to provide the legislature with background and exploratory information on the operation of the delivery of special education services. As indicated in the Methodology, our findings are not representative of the state as a whole nor are they intended to be. What is intended is an exploration and analysis of the complexity involved in delivering special education services in local school systems and to provide examples of the variation with which local school systems approach the challenge of delivering services to exceptional children.

In total, five school systems were studied. One school system was chosen because it had the reputation of having exceptional programs with strong administration. This approach was taken in order to inform this study with a basis for comparison that could be used in examining the other four school systems.

The school system selected on the basis of its reputation (Town A) had a centrally organized, administered and monitored approach to the delivery of special education services. Regular supervision and monitoring was considered a central aspect of program implementation. Goals and objectives were established for individual programs as well as for individual students and procedures were established for processing information to be used in monitoring by the central administration. The result or this approach permits the central administration to make decisions as to the success, effectiveness and changes required in individual programs. As a result of this approach, information is available which provides informed and detailed analysis of an individual student's progress.

Parent knowledge and awareness of their child's disability and their participation in the planning and placement decision making was somewhat more informed in this school system than in the others. Nonetheless, it represented an area of weakness in the outreach capability and success which was typical of all school systems studied.

It was not the intention of this report to do an evaluation of the other four school systems studied. The purpose was to examine the differences in approach that each school system took toward the delivery of special education services. Many factors contribute to this variation including wealth, size, number of exceptional students, and the priority given special education by the school system.

Several school systems studied were in the process of developing more strongly organized and supervised special education programming (Towns Y and Z) Others, on the other hand, provided services as needs emerge and generally operated on an informal basis relative to identification, supervision, and monitoring.

Parents in all but Town A appeared to be uninformed about their child's handicap and generally had not been approached by the school systems in an effort to guide or counsel these parents in how best to deal with their child's exceptionality.

SUMMARY AND CONCLUSIONS

In this study every effort was made to represent each school system as accurately and completely as possible. As stated in the Introduction and Methodology section, which follow, our purpose was to observe the experiences of the three major groups involved with special education service delivery: administrators, teachers, and parents.

The major conclusions which can be made

1) Special education service delivery is every uneven in sophistication, organization, purpose, and outcomes over the five towns studied in this report. Administration and service delivery ranges from one highly structured town to one which relies on the informal contacts between appropriate staff. Program documentation also varies relative to the ability of a school system to clearly identify program goals and objectives. Commitment to special education also varies, relative to the commitment in the town to assisting handicapped children. In the smaller towns studied, cost constraints make it very difficult to make a major financial commitment to exceptional children. However, in the larger towns studied, there also was a large variation in the willingness of administrators to recognize special education as an area that requires more clearly and narrowly defined procedures and operational goals.

2) The methods used and the comparability of student records is very uneven. Some school systems maintained extensive records on exceptional children. These included detailed identification observations, test scores and interpretations, regular evaluations, and follow-up pre-post test results. In other school systems, summaries of PPT meetings did not exist, teacher evaluations when they existed in the student records did not conform to any standard procedure nor did they exist in the file of every student chosen for this study. Continual and ongoing diagnosis was not done in most school systems studied. Once the intial testing was performed, student programming continued on the basis of that diagnosis until the child was eventually phased out of the program or graduated to another school. In most cases it was not possible for the researcher to clearly observe the history of the development of a child from initial identification to his present status. It was not possible for us to enquire how these records are used by the school, but no interview indicated that the records are used by regular staff in the school.

3) The degree of contact between regular teachers and special teachers relative to the students selected for this study also represented a wide variation. In some school systems such contact is required by procedures issued by the Office of Pupil Personnel Services; in others it is informal and voluntary. Some special class teachers reported that their ability to develop a rapport with regular class teachers has more to do with their individual approach to a sensitive encounter (not wanting to impose on the prerogatives of the regular teachers) than with a mutual interest in understanding and dealing with the exceptional child. One

parent reported that the hearing impairment teacher played a record for the regular class teachers in order that they understand how a hearing impaired child perceives the world. The result of that session caused some regular teachers to recognize that their entire approach with hearing impaired children had been poorly conceived.

4) Diagnosis and planning procedures also represented a wide variance in adequacy. It was not possible in this research to conduct a critical analysis of diagnosis and planning procedures. Some Planning and Placement Teams appeared only to give approval to the recommendations made as a result of psychological and educational testing. The number of tests used in evaluating a student also differed widely.

5) Monitoring, review, and follow-up activities were the weakest area in all of our sampled school systems. Most school systems did not have the capability to conduct pre-post testing. Some school systems programmed the schedule of the special class teachers to allow time for conferences and class visitations with regular class teachers. Other school systems used test results to determine student progress. Ohters, still, depended on informal contacts with regular and special class teachers to identify problems and difficulties with integrated students. Only in our specially selected school system, Town A was a systematic effort made to monitor and evaluate student progress.

6) The awareness and understanding by parents of the nature of their child's exceptionality in most cases was minimal. This was particularly revealing in discussions with parents of learning disabled children. Many stated that they hoped and anticipated that growth and maturity would correct their child's problem. Learning disability is of a cognitive nature and is not physical. It is defined as a minimal brain dysfunction. In order for a child to deal with his handicap, he must compensate for it by developing other perceptual, auditory, or motor skills. This most parents did not seem to understand. In other cases, as reported, parents of mentally retarded children and of hyperactive children preferred to believe that their child was lazy, overprotected, or a discipline problem. Other parents appeared to feel helpless and anxious concerning their child's future. Very few parents interviewed had sought out associations relating to their child's handicap. Most had done no independent study of the nature of their child's area of exceptionality. Although it was not possible to study internal difficulties in the family caused primarily by having an exceptional child, this problem is widely reported in the literature and is cited as the major problem which impedes the progress of a handicapped child. Only three parents interviewed had systematically studied their child's handicap and maintained high expectations for their child while at the same time informing themselves as to how they could provide every possible assistance. This was done, for the most part, independently by the parents.

7) Outreach programs to assist parents in understanding and helping their children overcome their handicaps is not done in most of the school systems studied in this report. One school system conducts regular "coffees" sponsored by the school principals; it also has organized an association for parents of children with learning disabilities, yet the turnout to meetings has been less than optimal.

Most parents reported that they are satisfied with their children's teachers and most indicated that they were pleased with their child's progress in school based on their seeing visible improvement in homework assignments. However, many parents reported to us that they did not understand why their child was placed in a special class and many stated that they were never given a clear explanation of their child's problem. This was most revealing when parents informed us that the nature of the explanation they received consisted of the reporting of data of test results and a professionalized interpretive analysis. Some parents stated that it was not until they had done independent study themselves that they began to understand the diagnosis reported to them by the school. Parents who did not demonstrate this initiative were left uncertain as to the magnitude and seriousness of their child's difficulty.

FORWARD

This study of the organization of service delivery systems in special education reported here by the Office of Legislative Research was developed cooperatively with the Eagleton Institute of Politics and its Legislation and Review Demonstration Project. The project, funded at the Eagleton Institute through the Ford Foundation, was aimed at improving the General Assembly's performance of reviewing and evaluating ongoing programs of the state government. This study began by focusing special education in five school systems in Connecticut and is reporting its findings here to the Education Committee at its 1974 session.

The report concentrates on an analysis of the actual operations and procedures followed in five different service delivery systems. The study is intended as an information and background study to supplement previous studies such as the Report of the Committee on Programs Review and Evaluation, Special Education in Connecticut, submitted to the Connecticut General Assembly, April 1972.

We wish to thank the Superintendents and the staff of the school systems studied for their cooperation in the preparation of this report. Our special thanks go to Samuel Titelman, Peg Dignotti, and Parker Hodmon of the Connecticut Association of Retarded Citizens and Robert Melander of the State Advisory Council on Special Education for giving their valuable time in the development of this project.

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It is hoped that this interim report focusing on the operations of five specific special education delivery systems and in particular the planning, and placement process, will provide useful information to the Education Committee to provide a better understanding of the workings of these delivery systems which will inform their legislative decisions in the area of special education.

Hugh A. McGuire,
Education Research Specialist

INTRODUCTION

The purpose of this study is to provide the Education Committee of the Connecticut State Legislature with information on the operations of the planning and placement team process designed to serve the needs of children requiring special education programs and services as stipulated in CGS 10-76a-j. The following report, based on case studies of a sample of five Connecticut school systems, focuses on the process of the identification, prescription, planning, placement, evaluation, and follow-up of exceptional children by the Planning and Placement Teams (PPT) within these school systems.

This report is intended to provide detailed information exploring the actual procedures being followed by communities in providing special education services to exceptional children. A supplement to previous studies of special education in the state, such as that report submitted to the Committee on Program Review and Evaluation, April 1972, this report is intended to provide the Education Committee with documentation of the actual procedures being used, at the local level, in operationalizing the guidelines issued by the State Department of Education. It is an exploratory study designed to provide a useful framework for further, more comprehensive, research on service delivery at the local level.

Given this focus at the local level, the intention of this report is not to provide specific legislative recommendations but rather to provide the background information necessary for informed State legislative decisions.

The information is presented in four major parts: (1) BACKGROUND ON SPECIAL EDUCATION: THE SCHOOL SYSTEM AND THE FAMILY; (2) THE RESEARCH DESIGN AND THE USEFULNESS OF THE CASE STUDY METHOD; (3) FIVE SCHOOL SYSTEMS: THE ADMINISTRATION OF SPECIAL EDUCATION SERVICE DELIVERY AND THE PLANNING AND PLACEMENT TEAM PROCESS and (4) SUMMARY AND CONCLUSIONS.

BACKGROUND: SPECIAL EDUCATION - THE SCHOOL AND THE FAMILY[1]

Special education is a general term to cover the classes, programs, services, and the specialized techniques required to maximize the educational, social, emotional, and physical growth and development of the exceptional child. Special education encompasses every physical, mental, and emotional handicap which afflicts children of school age no matter how unique. In general it includes: mental retardation, learning disabilities, physical handicaps, neurological impairment, and emotional disturbance.

MENTAL RETARDATION: includes the profoundly retarded, the educable and trainable.

Educable Mentally Retarded (EMR) students are identified by intelligence test scores that range between 60 and 80; Trainable Mentally Retarded (TMR) is identified as testing in the range of between 30 and 60. In addition to intelligence testing, individual performance tests and personality tests are performed in evaluating a student for retardation.

The vast majority of EMR students develop meaningful language and communication skills and most learn appropriate personal and social skills; although at maturity cannot be expected to attain a level of intellectual ability greater than that commonly expected from a child of twelve years of age. TMR as a group do develop language communication skills but have marked limitations in the command, acquisition and use of language. The TMR is one who at maturity cannot be expected to attain an intellectual function greater than that commonly expected of a seven year old child. Most at adulthood, will need some financial support.

It has been suggested that the attitudes of parents, their ways of acting toward the retarded, their acceptance or rejection of the condition and their goals and expectations for the retarded child are more important and more influential in determining the child's life adjustment than his school experience.

LEARNING DISABILITY AND NEUROLOGICAL IMPAIRMENT: Learning is an active process of the voluntary participation of the child in interaction with objects and people in his environment. Learning is impeded when the individual is biologically incomplete, neurologically impaired (NI) or if deprived of the opportunity, experiences or tools of learning. Learning disability (LD) can be perceptual, motor, or auditory and can result from developmental, environmental, or physical sources.

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1) The background information for this section on special education, types of exceptionalities, and the relation of the family to the educational programs were taken from: Robert M. Allen and Arnold D. Cortazzo, Physchological and Emotional Aspects of Mental Retardation, (Springfield, Illinois, Charles C. Thomas, Publisher, 1970; Ray C. Wunderlich, Kids, Brains and Learning, (St. Petersberg, Florida, Johnny Reads, Inc., 1970); Harold D. Love, Parental Attitudes Toward Exceptional Children, Springfield, Illinois, Charles C. Thomas, 1970); Alan O. Ross, The Exceptional Child in the Family, (New York, Grune and Stratton Publisher, 1964); the CGS 10-76; among many other sources.

Brain dysfunction may be responsible for poor school achievement but the brain injury itself may not be as responsible for poor performance as the cumulative effects of the child's disability on the people around him. Attitudes and feelings about the child and his dysfunction are much more disabling than the brain dysfunction itself.

SOCIAL AND EMOTIONAL DISTURBANCE: involves problems or underachievement, inability to adapt to different and demanding situations, parental conflicts, etc. Emotional disturbances present great difficulties to teachers who must judge student behavior from a psychological perspective.

It is generally agreed that for today's teachers and administrators to be competent they must know about the causes of exceptional children's special abilities and deficiencies; know what can be expected from such children; reocgnize the nature and needs of these children, and know where they can get help.

On the other hand, parents' attitudes and objectives are shaped by the way they view the exceptionality of their child, reactions which are shaped by their total personalities, and their general patterns of crisis reaction. The characteristic reactions of parents faced with having a handicapped child include: shock, refusal to accept the fact of the handicap, guilt, and bitterness. Emotional problems of parents of handicapped children in many cases result from a lack of knowledge concerning the handicap as well as personality changes which develop as a result of having a handicapped child. Thus, the initial responsibility for an educator includes a discussion with the parents concerning the causes of the handicap, the potential and capacities of the child, family and social relationships of the parent, and the emotional needs of the parent and child. The major difficulty posed for educators is that a parent may intellectually understand the problems of the handicapped child but it is seldom that they accept the handicap emotionally. The result of the emotional conflict created by the tragedy of having a handicapped child may tend to cause the child to overcompensate for his handicap. Overcompensating can produce arrogance, self-centeredness and, in general, excessive demands upon others that is affronting and which affects the relationships of the handicapped child with people in every day life.

Thus, as important as it is to have sensitive and knowledgeable educators working with the child, it is equally important for the parents themselves to become sensitive and knowledgeable in order to understand what can be done at home to guide the child and to create an environment in which the child has the best chance to grow.

Thus, special education programming and counseling must be directed toward parents as well as children. Supervision and administrative organization must involve itself with both the child's progress in school as well as his progress in social adjustment which includes the child's ability to function in school and at home. Lastly, the parents of a handicapped child are as much in need of education concerning handicapped children and the purposes of

special education as are regular class teachers who in many cases are the first line for identification and who encounter many handicapped children who are integrated into regular class situations. The ability to understand the nature of the various areas of exceptionality as well as sensitivity to the needs, struggles, and conflicts of the handicapped child is a fundamental requirement in any school system that seeks to integrate the exceptional child.

The purpose of parent interviews and conferences with the professionals, in addition to an explanation of the implications of the diagnosis, also include helping the parents work through their own feelings concerning the child's handicap. The reactions of parents and their way of handling the fact of the child's handicap will have a very great influence on the kind of character and personality structure that will develop in the child. This problem becomes even more important with the parent of a child with a mild handicap than with a seriously handicapped child. The mildly handicapped child is not so visible nor so obvious and is not a regular reminder to the parents of their need for sensitivity. Parents are unsure when or how to exercise discipline. A younger child offers less obvious manifestations of a handicap than older children and young adults. Thus, the severity of parental disturbance increases relative to the age of the child as the child's limitations become more obvious and more painful.

Thus, initially and throughout the process of education and training of the handicapped child, regular and close contact with the parents of a handicapped child is necessary in order to help the parents develop an undistorted perception of the nature of the child's problem so that they can make reality oriented decisions.

Special education, thus, does not only include the work of the many professionals who come in contact with the handicapped child. As indicated it very importantly includes the family and the responses of the family to the child's exceptionality. As many studies have noted, the parental and social responses, the "stigmatizing" affect, may have as much impact on the development of the child as the educational programs themselves. It is for this reason that the study of the process of special education must include both the PPT process as it relates to the development of specific educational programs for the child and as assessment of the ability and experiences of the parents in dealing effectively with their child's exceptionality.

Thus, although their functions and responsibilities differ significantly, the school and the family are both crucial to the education and development of the exceptional child.

The degree to which both cooperate in their responsibility to the child is the extent to which the objectives of special education will be attained. To relegate full responsibility to either the school or the family, tends to significantly undermine the potential progress of the child. However, the responsibility for coordinating, initiating and monitoring educational and social progress for the handicapped child must rest with those professionals who spend the greatest amount of time with the student. These are the professional educators. To what extent this is accomplished will be discussed in the following report.

THE RESEARCH DESIGN AND THE USEFULNESS OF THE CASE STUDY METHOD

In the effort to identify various program elements and administration of special education, and to provide information on the operations on the PPT on the local level the most appropriate method for obtaining information was determined to be the case study. This involved an intensive examination of a small sample of school systems using focused open-ended interviews with supervisors, administrators, special and regular classroom teachers, resource personnel and parents. Further it included the information on the school systems' special education programs submitted to the Bureau of Pupil Personnel Services as well as an examination of student records and handbooks or information guides which have been prepared by the school systems.

In order to better evaluate the information reported it is necessary to understand the strengths and limitations of the case study approach:

1) This method allows a detailed, qualitative examination of the actual procedures followed in the school systems;
2) provides information to generate the problems, questions and categories useful for further, more comprehensive field research;
3) provides insights on the programs and administration's strengths and weaknesses which would be useful in the development of specific criteria for program evaluation research;
4) provides information on the program's and administration's strengths and weaknesses which would be useful in developing a model for the delivery of special education services sensitive to different size school systems;
5) this method is limiting in that by focusing on the unique features of the operations of these school systems, generalizations based on this information must be made carefully;
6) the information obtained is not truly representative of the state as a whole and the findings cannot be assumed to be typical for all school systems nor is it intended to be;
7) relies heavily on the integrative ability of the investigator to formulate and reformulate the research questions as new information is obtained which risks possible unintended biasing by the researcher.

The case study method, despite these limitations, was chosen for its major strengths in providing detailed information on the operations followed by the school systems, and especially for the insights and criteria development necessary for further research and informed legislative decision making.

Six Connecticut towns were randomly selected by population size. This random selection was done primarily to communicate to the administrators in these towns that their school systems were not being approached to cooperate with this study because of any prior information about the quality of their special education programs. Given the limitations of staff and time available for this study, all towns over 100,000 in population were not included.

Of the original six school systems contacted, two declined to participate in the study. In addition to the four cooperating school systems chosen for the study, one additional school system was asked to participate which had the reputation of having an exceptional special education program. This school system was asked to submit to the same procedure followed with the four school systems participating in the study. This one exceptional school system was chosen for the purpose of informing this study with criteria for examining the administration and PPT process in comparison with the four other sampled school systems.

Estimated Population Size (July 1973)

Town A (comparison town).....	30,000
Town W.....	10,000
Town X.....	15,000
Town Y.....	40,000
Town Z.....	60,000

(Source: Estimated populations as of July 1, 1973, weekly Health Bulletin, Connecticut State Department of Health.)

In depth interviews with a total of 65 persons from these five towns were completed: 16 teachers, 21 administrators and at least one parent of each of the 28 children studied. In addition, school records (both academic and special education) for the 28 children were examined for form, procedure, follow-up and completeness. The major areas of exceptionality were represented as follows: mental retardation (8), learning disabled (9), socially-emotionally disturbed (9), and hearing impairment (2).

Open ended questions were used, designed to elicit from parents, teachers and administrators their perspective on the nature of programs offered, their understanding and participation in the planning and placement team process, their familiarity and experience with the various areas of exceptionality, the ways in which individual children and programs are monitored and the degree to which objectives are established and supervision exists to judge the effectiveness of programs and the achievement of program goals. Furthermore we sought to learn from these interviews the extent to which parents are made partners in the education and guidance of their children and are assisted in understanding and resolving the problems which accompany having a handicapped child.

In particular, questions addressed the following areas:

PARENTS:

1) knowledge of and participation in the planning and placement process for their children;
2) the kinds of contacts with teachers and ancilliary professionals;
3) their awareness of their child's program;
4) their awareness of progress achieved;
5) their experiences of the ways in which the school did or did not provide specific, useful information on the nature of their child's disability;

6) their experience of the ways in which the school provided help in understanding the problems of having a handicapped child;
7) parent's assessment of their child's program;
8) whether or not parents have independently sought assistance in understanding their child's handicap and how he could best be helped.

TEACHERS AND ADMINISTRATORS:
1) the ways in which testing is performed to monitor progress;
2) how evaluation is performed both formally and informally;
3) the degree of participation in planning and placement teams;
4) the ways in which other professional supportive services assist;
5) how formal monitoring of student progress is performed;
6) amount and nature of contact with parents and assessment of parent participation;
7) how goals are individualized for programs and students;
8) how supervision is performed;
9) how members of the PPT are selected;
10) procedures for identification, diagnosis, planning and evaluation;
11) how student progress is monitored;
12) efforts made to relate child's home life with school performance;
13) how an integrated child's progress is monitored.

In addition to using focused interviews, efforts were made to obtain from each school system background information regarding staff, planning, procedures, program budgeting, supervision and administration. This was done in order to survey the capability of each school system to demonstrate how information retrieval systems have been developed and supervision from above is maintained. Only those documents which already existed and were available were requested. In several cases administrators made the effort to collect information; in others they did not.

In the chapters which follow, the material has been organized to focus on two aspects of the service delivery systems for special education:

THE ADMINISTRATION OF SERVICE DELIVERY

Goal Setting and Supervision - the establishment of specific goals toward which the special education programs are oriented, the development of new programs, priorities and long-range program plans; the expansion of programs and development of accountability, data reporting and monitoring systems of the PPT process and of the programs which do exist.

Communications - providing information to the building level staff (administrators, resource staff, special education and regular class teachers) as to what services and programs are available for special education in that school system; development of in-service training for staffs providing information to the parents on the nature of their child's exceptionality and on the resources (programs, services and staff) available for that child.

THE PLANNING AND PLACEMENT TEAM PROCESS

Identification and Diagnosis

Planning and Placement

Review and Followup

FIVE CONNECTICUT TOWNS

TOWN A

Profile: A residential suburb of a larger metropolitan city, Town A stands within the top twenty-five wealthiest towns (15th percentile) on the basis of per capita income of all the towns in Connecticut. A middle size community, with an approximate population of 30,000, the town currently enrolls nearly 5,000 students (K-12). Although Town A is in the fifteenth percentile in per capita income, its approximate current operating expenditures per pupil is $1,000* which places it in the upper quartile of towns in the state for educational expenditures. Currently, its reported enrollment in special education programs both in and out of the school system totals 571 students in all areas of exceptionality.

Special education programs began in Town A in 1962. Originally the programs involved crisis intervention centers in which students came to a central place and were tutored or counselled individually concerning a variety of problems. The program itself was very vaguely defined and there was little organization and direction. As the needs of students began to change and became more complex, the program evolved. In 1968, a survey was taken by the Director of Pupil Personnel Services (PPS) of the students in the school system to determine the general areas of exceptionality that existed. Programs for perceptual disabilities and emotional disturbance began in 1968; a program for the physically handicapped in 1970 and a pre-school program in 1972. Only the Mental Retardation programs existed prior to 1968.

The general evolution in programs over the years has been due to efforts on the part of the school system to continually assess the needs in the town to follow-up evaluations performed by the school on existing programs.

ADMINISTRATION OF SERVICE DELIVERY

Goal-Setting and Supervision: In this school system, there is a highly structured and centralized administrative management system operating through the Director of Pupil Personnel Services. Very heavy emphasis is placed on written reports and data collection. Each program is defined relative to goals, age levels, and district objectives.

The Office of the Director of Pupil Personnel Services has established guidelines which set the goals for each program as a general statement of purpose, identifying those areas in children's mental and social abilities which the program intends to improve and develop as well as the purposes for which these goals are sought. Following the statement of purpose, is an itemization of specific individual objectives which the programs should

*Connecticut State Commission to Study School Finance and Equal Educational Opportunity, report forthcoming, January 1975

attempt to accomplish within one school year with an indication of the percentage competence to be expected. In addition, the Office of Pupil Personnel Services requires that each program submit information based on uniform pre-post testing and other criteria-referenced tests. Instructors are required to submit a schedule of integration time in some programs and in others teachers are required to tabulate the number of hours of instruction per student. (Exhibit 1 is an example of program goals as developed in these guidelines.)

In addition to the district goals for each program, as part of the centrally designed guidelines, each special education teacher is required to establish specific and written individual objectives for each student in a class which becomes part of the on-going record of the student. Regular reports are submitted by special education teachers on the progress of students based upon criteria and procedures developed and monitored by the Director of Pupil Personnel Services.

In discussions with special education teachers, we were told that when this monitoring system was first introduced there was much objection to the additional workload placed on the teachers. However, it was admitted that the development of this system has produced greater precision in the ability of the class teacher to observe the progress of the individual students in class. Presently, student behavior in class is observed and recorded and the resulting reports provide a clearer description of the student's progress in class than the previous method of teacher recollection. Each teacher is also responsible for evaluating the progress of each child relative to the established performance criteria.

In addition to establishing procedures and guidelines to be followed, the Director compiles and analyzes evaluation reports on each program. These evaluations include a statement of the rationale and goals for the program, a description of the structure and operation of the current program and an evaluation of student progress. The evaluation stipulates the specific educational goals sought by the program based upon the enumerated criteria objectives. With each criteria objective, an analysis is performed which reports the improvement level reached based on pre-post testing administered to the students during the school year.

As indicated earlier, the entire organization and monitoring of special education programming is directed and supervised by the Director of Pupil Personnel Services. At the local building level, the school principals interviewed were familiar with the programs in their schools and with the particular students whose parents were interviewed. Although the principals had little contact with the parents of these students, they were generally aware of the students' handicaps.

Interviews with teachers generally supported the hierarchical administrative system operating in this school system. Most teachers regarded their

school principal as providing valuable supportive assistance. Others felt that the Director of Pupil Personnel Services was a more effective advisor.

The difficulties of establishing program goals at the central level is reflected by the following situation of a mentally retarded woman. This student is trainable mentally retarded and has been in special classes in this school system since the age of sever. Because this student has only one year left to be eligible for state subsidies, the parents and the school system are making efforts to deal with the problem of vocational education. This student has spent all this time in the TMR class in the elementary school. The parents feel that their daughter should have received greater exposure to normal children her own age. In addition, they are concerned what the future of this child will be. The parents have been involved with a local retarded association but have reduced their involvement in the past few years. The parents were generally knowledgeable and adjusted to a life time of working with a retarded child.

In discussing this case with the administrators and the teacher, all admitted that it is very unlikely that such a person will be successful in maintaining regular employment. The Director of PPS conducted a survey recently of employers in the town regarding their willingness to hire retarded employees. He received no positive responses. This child is scheduled to participate in a training program at a regional training center. During the past year this student has worked part time as a volunteer in the school. The Director of PPS approached a school administrator concerning hiring this student full time and was refused. The teacher informed us that there have been very few students reaching adulthood in the TMR program and, as a result, there is very little experience with vocational training. There has been only one person to reach the age of twenty-one in the school system and that person sits at home watching television. Other students in the class have passed the age of sixteen and will soon present the same problem to the school system. The Director of PPS is now requiring that all TMR students will be placed in vocational training programs from the age of 18, but he does not anticipate that this will improve the situation very much.

In reviewing the history of this student, we discovered that although mongoloid and retarded, the student was an over-achiever who made extraordinary efforts to learn and adapt her behavior. However, one effort to compensate for her handicap has resulted in her becoming very aggressive and domineering. The teacher feels that this tendency will hurt her more than anything else in securing and maintaining employment.

The approach the teacher has taken in class has been to integrate this student in art class, gym, and social studies. In addition this student

works in the school. All this takes place in the grammar school where the TMR program is located.

We asked of administrators and teachers in other areas of exceptionality what a parent can expect from the special education program their child participates in. Generally, the response was that parents can expect their child to be able to deal with regular class work by the time the child enters high school. In addition, the parent can expect that a student will graduate from high school without being seriously handicapped by their learning disability. Parents can also expect that their child will have an increase in self-esteem and will not be emotionally handicapped by the frustrations of not being able to compete with other children. It is generally expected that between sixty and eighty percent of learning disabled students of those students entering high school will not need additional programming. This is determined on the basis of testing.

Goals are also reflected in budgeting procedures. This school system uses program budgeting in establishing authorizations for each school year. A proposed budget is submitted by the Division of Pupil Personnel Services to the Superintendent of Schools which describes the purpose, goals, and objectives for each program by area of exceptionality and the criteria upon which the objectives are evaluated. This includes estimated costs as well as specific requests for additional staff or personnel or other additional costs which are itemized individually with a description of the rationale for the request. A formal budget proposal is then prepared by the Superintendent which is submitted to the board of education. The proposed budget prepared by the Division of Pupil Personnel Services is prepared only by the staff within the Division. (Note: In preparation for this study, we interviewed extensively throughout the state and learned that in some other school systems which use program budgeting, a similar proposed budget is prepared in conjunction with a citizens committee consisting of concerned parents, town residents, outside consultants, and members of the Division of Pupil Personnel Services. We were informed that this approach to budgeting permits a clearer understanding of priority needs and permits a concensus among a variety of concerned and interested parties. Within the school system studied in this report, budget proposals are submitted and discussed only among members of the staff. Community input is directed to the Board of Education.)

Communication: A Handbook is prepared by the Division of Pupil Personnel Services for the use of the staff in the school system. It contains a general statement of philosophy, an outline of administration and staff by program and a description of all programs offered by the school. In addition, the Handbook enumerates the policies, procedures and forms used in processing students through the Division of Pupil Personnel Services.

As noted earlier, as part of the in-service training program, the Director of Pupil Personnel Services schedules sessions periodically to explain various aspects of the programs.

In addition to publishing a Handbook for the staff, this school system issues a special Handbook for parents. It includes a description of programs and services the school system offers, professional staff available to students in the system and a brief description of the planning and placement team process. Parents are advised to contact the school principal or the Director of PPS if they have questions. In addition, the handbook for parents contains a description of appeal procedures if parents are dissatisfied with the decisions of the school system regarding their child.

In-service training generally depends on the ability of the school system to attract outside funding. However, in this school system staff training is conducted relative to specific management systems being implemented. Arrangements are made for special teachers assigned to schools to conduct meetings with regular staff to discuss the role and function of the specialist, referral procedures for acquiring services, and an explanation by the specialist regarding identification and diagnosis. In addition, the Director of Pupil Personnel Services schedules training sessions periodically to explain the objectives of particular procedures being implemented, e.g., objectives for individualization process, pre-post evaluation designs, etc.

Administrators and teachers interviewed indicated that the primary communication process used with the parents is the biannual conference. This was described as an intensive review with the parents of the progress of their child. Its purpose is to inform the parent how the school system is proceeding with their child and to obtain feedback from the parent regarding the student. Teachers told us that other than the biannual conferences with parents, most of their contact with parents is over the telephone.

In our discussion with teachers and administrators, we were informed that efforts are made by the school system to attract people to meetings of the town's learning disability association. However, the turnout for meetings is generally small. Principals of local schools conduct "coffees" where the agenda is set by the parents. Yet here also there is a relatively poor representation of parents attending. All the administrators interviewed indicated that greater out-reach efforts must be made, but none were certain how this could be accomplished.

We were informed that to conduct extensive counseling with parents would require a large amount of time and that time is simply not available. Neither can the few social workers in the school system take responsibility for extensive counseling with parents of disabled children.

Most of the parents interviewed told us that they received no detailed explanation of their child's handicap nor what they should expect for his future development. All the parents told us that they have very close contact with their children's teachers and receive regular reports on the

child's progress. Yet, none were certain whether this contact was because of the initiative of the individual teacher or due to school requirements. Each parent referred to a specific teacher which their child has had with whom they had a particularly excellent relationship. This was not necessarily the current teacher.

Especially among the parents of learning disabled students the parents reflected the greatest lack of understanding of the nature of the handicap. Some told us that they hoped that maturity and growth would improve the ability of their children. Although all parents expressed satisfaction with the progress their children have made in special education classes, most informed us that the only reports they received from the teachers was during the biannual parent teacher conferences held by the school. No parent reported to us that they had received a report on the diagnosis of their child. Several were interviewed by the social worker, but none were able to recall exactly what was said.

Two parents of learning disabled children reported that the teachers had sent them exercises to work with their children at home. All the parents indicated that the teachers have always made themselves available and several told us that they speak with the teachers over the phone several times during the year. A few parents reported that they receive annual narratives from the teacher describing their child's progress over the year. However, a number also told us that they only receive end-of-term report cards.

An additional area in which we questioned parents involved whether the school system had provided counseling to assist them in understanding and coping with the reality of having a handicapped child. Consistently through all our interviews, we experienced a relatively high level of anxiety among parents who wondered whether their children would ever be able to learn and conduct themselves as normal children. All the parents we interviewed indicated that other than conferences with teachers, or with the school social worker, they had never been approached with a discussion of these problems. Furthermore, none of the parents indicated that they had sought such counseling in the past.

Only one parent was a regular member of an association concerned with her child's disability. A few other parents had attended meetings in the town sponsored by parents with children having learning disabilities. Yet, most parents interviewed expressed no knowledge or interest in attending meetings or becoming involved with groups concerned with special education. This general lack of commitment was reflected in the parent's general inability to either explain the nature of their child's disability or to explain exactly what the special education program was doing to help their child. All parents expressed approval, satisfaction, and gratitude that their child was being helped, but very few were aware of what that help constituted. Our impression was that most parents generally delegated

the responsibility for working with their exceptional child to the school. One parent told us that if the school had given her exercises with which to work with her child, she probably would not have the time to complete them. Although we received no similar comments from other parents, we did experience a general lack of involvement and the inability of parents to understand what they should expect from the program. We experienced no major dissatisfaction and this was primarily due to the parents seeing visible progress in their children on the basis of their work assignments.

None of the parents interviewed had explored alternative programs for their children, although one parent examined other special education programs in the school system. None had sought independent diagnosis or evaluation of their children's progress. All those interviewed, depended entirely on the school system to provide adequate service and all expressed confidence that their children's programs were satisfactory.

THE PLANNING AND PLACEMENT TEAM PROCESS

As stated in the Handbook and as supported in interviews conducted in the school system, the following procedures govern the activities of the PPT's. In each school a building level Planning and Placement Team (BPPT) is established. The BPPT governs identification, diagnosis, planning, and placement when a child is first discovered to be in need of special placement. The Principal is responsible for supervision of the BPPT and reports are sent to the Director of PPS. It represents the local school; its membership is selected by the school principal. A BPPT can be called at any time by anyone involved with a particular student. The person who requests the BPPT is responsible for writing a report stating the reasons for requesting the BPPT, what alternative action was discussed, what action taken, and what follow-up activity is to be pursued.

In addition to the BPPT, a Central PPT exists, chaired by the Director of Pupil Personnel Service. The Central PPT can be convened at any time when major decisions regarding a programmed student need to be made. These include, outside placement, special expenditures or major program changes. Day to day decisions concerning programmed students are made by the BPPT.

Whenever a PPT is requested whether in the local school or centrally, request forms must be processed. While the general intent is to decentralize the PPT system in the local schools, the Central PPT concerns itself primarily with decisions regarding special placement in programs outside the local school, residential placement or services that require special expenditures. The PPT in general has the responsibility of reviewing the diagnostic-evaluative data for each child requiring special education services. If the local BPPT decides that a psychological, psychiatric or extensive educational diagnostic evaluation, or school change, other school residency or special expenditures be incurred for either a newly identified student or a student currently in programs then a referral to the Central PPT is made.

The extensive use of forms and tightly controlled procedures, makes possible the ability to monitor each student from initial identification through his progress in the program without needing to rely only on the evaluative judgment of the teachers.

At the end of each school year, reviews of each student's program at the local school are made. This is done in conjunction with regular and special class teachers, the school social worker, the principal and any other relevant persons involved with the programming of the student. In cases where the student is being advanced from elementary school to junior high school or to the high school, then a more extensive review is done which includes appropriate personnel from the school to which the student will be sent.

In both cases (the BPPT and the Central PPT), it is official policy that parents are invited to attend whenever possible. However, in the interviews with building principals, there was some disagreement over the desirability of parent participation. Some felt that educators could not speak frankly about their reactions to students with apparent difficulties Further, the fear of a negative reaction from parents over the possibility of their child's being handicapped or the parents' lack of understanding regarding the nature of a particular area of exceptionality caused some principals to argue that in the initial decision-making stage, at least, they would prefer that parents not be present. Others felt that it was an important educational process for the parents to understand how decision making was done and the extent of the resources called upon in diagnosing a student.

Only one parent of those interviewed actually participated in the Planning and Placement Team meeting. This parent was extremely impressed with the number of people and the variety of areas of expertise represented and the amount of time taken in discussing their child. This case involved an emotionally disturbed boy and may have been of greater complexity than other cases we studied. However, in this case the parent was invited to attend. In no other case was the parent invited to attend or was the parent aware of the procedure involving the planning and placement team.

Identification and Diagnosis

In Town A, the children whose special education progress was followed included only three of the major areas of exceptionality: the learning disabled, the emotionally disturbed, and trainable mentally retarded.

All but the retarded student were identified by the school system in either kindergarten or the first grade. Those students transferred into the school in higher grades were generally identified as having problems relatively soon upon entering school. All the parents interviewed expressed satisfaction with the early identification of their children. Several had

been aware of their children's possibly having a problem prior to their entering school but only in two cases, a retarded student and learning disabled student, was the child identified by a physician.

When a Planning and Placement Team is called to review the diagnostic work-up done on a child and in other cases when a BPPT is called within the local school, all teachers that have had contact with the child are present. Supervision by the school principal is generally conducted informally. The principal conducts visitations in classes and observes whether the child appears frustrated or is having difficulty and judges what effort the child appears to make in class. Conferences are held among regular and special class teachers as well as with the school social worker, who, if necessary, makes a home visit.

The results of diagnostic testing are interpreted to the members of the PPT as well as to the parents. A new policy has been instituted in the past two years which encourages the interpretation of test results to the parents. Several administrators and teachers indicated that if it is deemed necessary, the psychologist will discuss the results with the parents. (Note: All the parents interviewed in the present study have had their children in special education classes for at least two years so that this recent effort made by the school system would not have included the parents interviewed.) In several cases the parent was unaware that testing was being done on their child. Currently new procedures have been implemented and permission is requested of all parents whose children are to be tested by the school.

Planning and Placement: In several cases the parents were either involved in the planning and placement teams' discussion or were interviewed by the school social worker who reported the plans the school was making. In other cases, however, the parent was unaware of the child having a problem until they received notice that their child was programmed into special education classes. In one particular case, the parent indicated that she could not determine when the child began special classes because new students enter classes at different times during the year.

With regard to the area of parent involvement in programming, the administrators and teachers interviewed felt that parents confront the problem of having an exceptional child in many different ways. Some parents, they felt, are overanxious and expect results very quickly; others want to keep the matter very private and feel that it reflects on them personally to have a handicapped child. The administrators stated their impression that some parents want confidentiality preserved and do not wish to meet with other parents or to have other parents put in contact with them and that some parents are particularly sensitive or may feel threatened by having their child's handicap discussed publicly. We were told that a policy was instituted recently, requiring that a general permission statement must be obtained from parents to do educational testing with their children.

One parent refused to permit the school to do any testing with his child. The variety of possible reactions from parents make it difficult for a school system to institute general policies to encourage out-reach among parents of handicapped children.

Review and Follow-Up: All teachers interviewed informed us that they establish individual objectives for each student. All similarly conduct pre-post testing within each school year except for larger tests which are conducted in the beginning of each year.

While we did not have the time to do a thorough review of all student's records, those few we did examine generally reflected a careful information-reporting process operating. The referral form used by regular class teachers in referring a child for PPT review or diagnosis contained 22 items for a teacher to observe in addition to a description of the teacher's observation of the student. The record contained a form describing the disposition of each PPT meeting for that student. It listed the tests administered both educational and psychological if used and an interpretation of the results. If a student was reevaluated, the membership of the PPT with its findings and recommendations were clearly described.

The educational record which was kept in a separate folder contained detailed plans for the student with a report on progress submitted by the teacher, and contained the results of educational tests administered. In addition, progress reports listed individual performance objectives which referred to specific tests on which 80% accuracy was expected. The evaluation of these objectives was described relative to each test. A student profile was maintained which presented both a numerical score description and a line graph depicting those scores relative to each other. In some student records, there were two parent questionnaires as part of the pre-school assessment program. One dealt with academic, social and physical questions; the other concerned physical ability and health. Exhibit 1 is an example of how goals and objectives are stipulated in this school system.

Exhibit 1 is an example of how objectives are stipulated in Town A studied in this report. It is the only example observed in the entire study in which observable goals were established for each program.

EXHIBIT 1

Program - Perceptual (60)

District Goals

Intellect - A goal of public school education is to develop in children and youth their mental powers, including reasoning judgment and comprehension and to provide them with the basic skills necessary for effective learning and application of knowledge gained. (1-8)

Selfhood - The fully developed self which includes inner discipline, a positive self-image and the fulfillment of potential is a goal of public school education in Wethersfield. (9)

Age Level — 5-12 year olds

District Objectives

1. Upon completion of one year of visual perceptual remediation 80% of all pupils will increase their visual perceptual mental age by one year.

2. Upon completion of one year of auditory perceptual remediation 80% of all pupils will increase their auditory perceptual mental age by one year.

3. Upon completion of one year of gross motor instruction, all pupils will accomplish 80% of their individual behavioral objectives with 80% accuracy.

4. Upon completion of one year of fine motor instruction, 80% of all pupils will increase their fine motor competencies by one year.

5. After one year of individualized academic programming 80% of all pupils will improve 5 months in reading, 6.7 months in spelling and 7 months in mathematics.

6. During any school year, 100% of all pupils requiring an academic perceptual approach will receive a minimum of two (2) hours instruction per week.

7. During any school year, 100% of all pupils requiring a non-academic perceptual approach will receive a minimum of one (1) hour instruction per week.

8. During any school year, 80% of all pupils receiving perceptual services will show inprovement in their classroom performance in the cognitive, affective and psychomotor domain.

District Objectives (Cont.)

9. Upon completion of one year of perce[illegible] instruction, 80% of all pupils will improve in self-esteem [illegible]nts above the pre-test mean on the Coopersmith Self-Estee[illegible]ventory.

District Evaluation

1. -2. The perceptual teachers will administer pre- and post-testing using the Detroit Test of Learning Aptitude.*

3. The perceptual teachers will administer pre- and post-criterion-referenced tests.*

4. The perceptual teachers will administer pre- and post-testing using the following appropriate instruments: the Developmental Test of Visual Perception and the Beery Visual Motor Integration Test.*

5. The perceptual teachers will administer pre- and post-testing using the Wide Range Achievement Test.*

6. The perceptual teachers will tabulate the hours of instruction for eligible students receiving a minimum of two (20 hours per week for total programming).*

7. The perceptual teachers will tabulate the hours of instruction for eligible students receiving supportive perceptual programming, being a minimum of one hour per week.*

8. The perceptual teachers will distribute a Likert questionnaire to the classroom teachers on those students receiving perceptual help.*

9. The perceptual teachers will pre- and post-test students with the Coopersmith Self-Esteem Inventory.*

* The results will be forwarded to the Director of Pupil Personnel Services and Special Education by June 30 of each school year.

District Program Description

The primary purpose of the Perceptual Program is to help children who have perceptual learning problems that interfere with student achievement.

The present program consists of five teachers. Two management systems are utilized - one itinerant and one contained. Four teachers are assigned to this itinerant program and are responsible for individual instruction, consultative services, screening and in-depth evaluation and are permanent members of the intra- and inter-planning and placement team. One teacher is assigned to a semi-contained program presently in operation for students in first grade who require an intense program because of severe perceptual deficits.

District Program Description (Cont.)

All students serviced in this program have been diagnosed as having perceptual learning deficiencies. Every student receiving perceptual help must be processed either through the intra- or inter-planning and placement team.

TOWN W

PROFILE: TOWN W

Town W is a rural community in eastern Connecticut, the smallest in our sample with a population of approximately 10,000. It is one of the poorest towns in the state; among the twenty Connecticut communities with a per capita income of under $3,100. Despite its being in the lower tenth per centile of Connecticut towns by per capita income, its current operating expenditures per pupil of nearly $900 per year places it in the lower quartile of communities in the state. The total school enrollment for Town W is approximately 1,200; its reported enrollment in special education programs, in and out of the public schools, is 42 children.*

Prior to 1968 there was no ongoing special education programming in Town W. Some programs that were developed before 1968 did so as a result of special grants that the school system obtained from the state and the federal government. Major program expansion occurred after 1968 on the basis of developing needs. Because this school system is very small it is not possible to make long-range program plans. The range of handicaps is continually changing. It was reported, however, that major efforts have been made on improving the sophistication of the identification, diagnosis, and planning procedures. Outside placements are generally not encouraged due to cost; however, students with particularly complex problems are often sent to regional diagnostic centers for a more detailed evaluation.

ADMINISTRATION OF SERVICE DELIVERY

Goal Setting and Supervision

The administration of special education in Town W tends not to be formally structured with responsibility placed more directly on the special education teacher for developing and monitoring student progress in the class. The general philosophy governing special education as indicated in the interview with the Superintendent of Schools, is the goal of returning the student to regular class activities as soon as possible, or mainstreaming. There are, however, no written descriptions of individual programs or an itemization of goals or objectives. As was indicated because of the small student population in the schools, students are handled individually rather than as a part of ongoing regular programs.

There are no formal goals defined for each child either by the PPT or by school administrators. The responsibility for identifying individual goals is left to the special class teacher. These goals are not formally recorded but are regularly modified on the basis of student progress with the special class teacher. As noted previously, interviews with administrators in this school system reflected that there has been a general evolution in special education programs based on current need.

*Source: Connecticut State Commission to Study School Finance and Equal Educational Opportunity, report forthcoming January 1975.

As need requires, individual special teachers are hired on a part-time basis to tutor individual children. This was done in the case of a partially blind student. It was felt that this was the advantage of a small school system. The superintendent was, in fact, familiar with each child and case about which he was questioned.

Communication and Parent Education

Most of the contact the parents have with the teachers at school is during open school day. Parents, however, felt that teachers were always available for conferences if they were needed but very few had taken the initiative to contact the teachers.

The school system itself conducts no outreach programs. There have been no efforts made to bring the parents of exceptional children together to discuss their common problems or to explain to the parents the nature of the various areas of exceptionalities and what programs the school offers in dealing with each. No efforts were made to assist the parents in working with their child at home. Furthermore, none of the parents reported that any teachers made efforts to relate how the child functions at home with how he functions at school.

Some parents reported to us that the teacher would send personal letters to them each term describing their child's progress. They liked this very much but it did not appear to improve the ability of the parents to offer a clear description of their child's problem.

None of the parents with learning disabled children were able to explain what learning disabled was or how it affected their child; the response of more than one learning disabled parent was that their child had difficulty with reading and math. The parents of children who had physical handicaps were better able to describe these problems but when accompanied by mental retardation or learning disability were able to give very little explanation.

One example was given by the Superintendent of Schools and concerned the parent of an educable mentally retarded child. The child's father believed (and reported in interviews for this study) that his child was learning disabled. One day by chance he had seen EMR on his child's record and had asked the Superintendent of Schools what EMR meant. The latter reported that he realized that the father did not know the situation of the boy and "just passed the question off"--not informing the father that it stands for Educable Mentally Retarded. The administrator indicated to us that he preferred not to confront the preconceptions of the parent of the child's exceptionality.

None of the parents interviewed had been involved with any groups associated with their child's disability. One family, who had had their child diagnosed

as hyperactive by a medical specialist, when encouraged to become involved in an association to improve education services for such children, changed to another physician. They did not like the "high pressure tactics" used by this specialist. Their general view was that the school was doing as much as it could and the parents generally had great confidence in the ability of the school staff. Only one parent had sought independent medical advice. None of the other parents had investigated alternative programs for their child or reported having spent any time informing themselves regarding their child's handicap.

THE PLANNING AND PLACEMENT TEAM PROCESS

Town W distributes a memorandum to all staff which outlines the purpose of the Central PPT. This includes a description of the function of the Central PPT to review referrals from teachers, to review records of students transferred into the school who may be in need of special services, to recommend programming and to annually reevaluate student progress. Furthermore, it outlines the procedures to be followed by regular class teachers in making referrals as well as informing staff of the procedures the PPT will follow in processing referrals. Teachers are encouraged to contact members of the PPT for assistance and advice regarding possible referrals and are informed that they will be invited to participate in the PPT as is appropriate in each case. Within 48 hours of a decision by the PPT a report will be sent to the regular class teacher. According to this memorandum, a contact should be made with the parents as soon as the PPT has made a decision. In this memo to staff, the regular membership of the PPT is listed and part of that membership includes the teacher or teachers of the student being reviewed. Building level PPT's do exist but as the school system is so small, they meet infrequently and informally, and most referrals are made directly to the Central PPT.

Parents are not invited to participate in the meetings of the Planning and Placement team. Professionals on the team feel they are freer to address the problems of a child openly and candidly without the parents present. It is felt that parents tend to be biased or may not be willing to face the reality of their child being seriously retarded. Parents may be offended to hear their child discussed in terms which they consider unattractive. It is generally felt that parents can make a greater contribution through interviews with the guidance director or with other school professionals than by actually being present on the PPT.

Efforts are made to discuss the decisions of the PPT with the parents. However, the extent to which an adequate explanation is given to parents and the extent to which parents understand the diagnosis is unclear. One parent of an EMR child informed us that he felt that his child's problem was due primarily to his having an overprotective mother and that more discipline would improve his child's performance considerably. Two EMR students' parents were interviewed and in both cases the researcher remained

unaware of the diagnosis of the child until after the school records had been examined. Parents indicated that they had received no reports from the school regarding the diagnosis of their child. One parent reported that she was unaware that her child was in a special class until she received a notice from the school some time after the child had begun attending. Several parents were unable to tell how much time their child spends in regular and special education classes.

Most parents, further, were unfamiliar with the planning and placement team process and appeared to prefer to delegate the responsibility for dealing with the child's problem to the school. They seemed generally satisfied with the work the school was doing with their child, and most reported that they saw visible signs of their child's improving. Several interviewed informed us that they had moved into this school system from other towns, and it was only here that significant action was taken by the school.

Identification and Diagnosis

The children whose careers with special education were examined were: socially and emotionally maladjusted, learning disabled, and educable mentally retarded. In all but two cases of hyperactive children identification was made in the school. One of the hyperactive children was identified initially by the mother and brought to the family doctor. The child had been a discipline problem in his first three years of school and only placed in special education program in his fourth year. The mother indicated that she regretted his not having been identified earlier; that many fights, tension, and unhappiness of those first three years might have been avoided.

Other parents reported early school identification, although most were unaware of the processes used to diagnosis their child in the school or what procedures the school used in identifying their child's problem.

The greatest problem the school faces is dealing with multiple handicapped students. Children who score low on intelligence tests and may be physically handicapped present great difficulties for the school system in deciding which is the primary handicap. It is the general opinion of most administrators that the creation of regional diagnosis provides opportunities for more extensive analysis of handicaps and may better inform the school administrators which areas of a student's difficulties require the greatest attention.

Planning and Placement

The referral form used by the teacher requests information regarding the description of the student's problem, an itemized description of a number of academic areas, a listing of indicators which teachers should observe and record, other written comments from the teacher, and test data provided

by the guidance director. The report which the PPT sends to the teacher indicates whether the student is being referred for further testing and the source from which additional information is being sought. It also records the date on which the sutdent's parents were contacted regarding the PPT recommendations. This form is contained in each student's record.

As indicated earlier, planning is done primarily by the special education teacher. Goals are established by the teacher and are not formally recorded but are regularly modified on the basis of the teacher's evaluation of student progress. Placements are made on a need basis, and special teachers may be hired for individual students. Again, the major orientation in both planning and placement is integration. None of the parents were aware of what procedures the school used in helping their child or the philosophical purpose of the program.

Review and Monitoring

In this school system there is a head special education teacher who informally monitors the progress of students in each class. As most of the students are individually tutored for varying amounts of time each day, this monitoring process takes the form of informal conferences with the other special or regular class teachers. If a teacher has particular difficulty with a student the head special class teacher will be invited to observe the student and a conference will be held. It was explained that monitoring is a regular ongoing process in the schools. Due primarily to the limited size of the school system, regular contact is easily maintained with the parents, teachers and others concerned with the student.

In Town W, the special education teachers prepared written narratives describing their methods of working with each student in their class, their impressions of his degree of progress, and their plans and recommendations for the following year. There narratives were contained in each student's record and although uneven in form and style, generally provided a description of student progress. These reports were sent to the parents; however, this was not an official procedure.

In each of the student records reviewed, the regular class teachers were present on the PPT. However, the PPT usually involved a review of a number of students at a single meeting. The PPT would review the students already placed in programs and then consider new referrals. The minutes of the PPT were kept separately from the student's records, and the psychological data on a student was also kept in a separate file. Teacher evaluations were contained in the student's educational file. Other than psychological testing, only two educational tests were recorded in the student's record. This school system administered the smallest number of educational tests of all the school systems participating in this study. However, the use of teacher evaluations for each child was generally well detailed relative to behavior characteristics, educational procedures,

and recommendations. Although some comments recommended conferences with regular class teachers, there were no reports indicating decisions reached in such conferneces. All program changes were referred back to the PPT for decision. This occurred in several cases studied.

TOWN X

PROFILE: TOWN X

Town X is an upper middle income suburb of a large metropolitan city. Although one of the smallest communities in our sample, with a population of approximately 15,000, Town X is the wealthiest community in this study. It is one of the eight wealthiest towns in Connecticut with a per capita income above $6,500. Although it thus ranks in the top five per cent of all the towns in the state by per capita income, its current operating expenditures per pupil of approximately $1,100 places it in the top quartile in the state. Town X's current school enrollment is approximately 1,000 students (K-12); its total reported special education enrollment is 206 students in and out of public schools in the district.

Special education programs were first developed in Town X in 1965. As the needs of exceptional students began to be recognized in the school system, special teachers were hired and the number of programs which the school maintains has increased. They first started as an experiment, and each year they continued to expand. The school system eventually brought in on a part-time basis, a regular staff psychologist to do screening and testing, and began employing specialists to work with the children on a need-basis. This year for the first year they began a program for screening kindergarten children.

ADMINISTRATION OF SERVICE DELIVERY

Goal Setting and Supervision

Town X, one of the smaller school systems studied, has had no formal administrative process governing their special education programs. The Central Planning and Placement Team is chaired and monitored by a part-time clinical psychologist who is responsible as Director of Pupil Personnel Services and special education as well as general regular class supervision. Although there are building-level BPPT's, these meet only informally and infrequently, and most students' cases are referred directly to the Central PPT and the Director of Pupil Personnel Services.

The school system has prepared no general description or outline of its special education programs. There are no overall goals or objectives formally established and supervision of student progress is generally done through informal conferences between the individual school principals, the class teachers, and the school psychologist.

The general goals which do exist were stated by the Superintendent of Schools as returning the child to the mainstream of school life and permitting him to function in society as well as other children. This orientation, it was reported, has remained constant over the years; the particular goals of the children change with the needs of the individual being programmed.

In terms of the establishment of individual student goals, these emphasize tutorial service. The Superintendent further indicated that since this is a small school system each child receives a degree of individual attention that does not occur in larger school systems where children are more administratively programmed.

Recently at the urging of a subcommittee of the Board of Education concerned with overall evaluation and review of school programs, individual staff members, including all regular classroom special education teachers and resource people, were requested to submit job descriptions and goals for their programs. This will be used in organizing evaluation procedures which will be recommended by the Board of Education. This is the first effort made at developing monitoring procedures.

At present each child in the Special Education program is evaluated by the teacher. The teacher may do this individually. However, there is no requirement that the teacher evaluate each child and make a formal description of this. Forms are prepared for teachers to make referrals to the Central PPT. The areas in which teachers are to make comments are broadly listed as academic, behavioral, emotional, or developmental. They are also requested to choose which specialized descipline they think is most appropriate for the student they are recommending for special services. On this same form is the record of PPT action taken.

Teachers interviewed, in general, were supportive of the administration. While most teachers did not regard the school principal as their primary source for support and advice, they did regard the school psychologist as helpful.

Communication

The only written description of a program that exists is one prepared independently by one of the special class teachers. This was addressed to the staff as an explanation of the nature of the program and the types of behavioral problems most appropriate for the program. The school psychologist conducts training sessions with staff to explain the purpose of programs and types of behavior to be identified. However, we were unable to learn with what regularity this was done or how it is formally structured. A parent of a hearing impaired child was instrumental in persuading the school system to hire two hearing impairment teachers. These teachers conducted a session with the staff in which they played tapes which depicted how a hearing impaired child perceives the world. This was done at the initiative of the hearing impairment teachers and the parent's group and was not part of any regular or organized in-service training program.

The only contact which the parents have with the school system is through the teachers. Although most felt that they have access to their child's teachers, the only times that most parents actually met with the teachers was during the regular conferences each year scheduled by the school. Only the most aggressive parents met with teachers on more frequent basis. Report cards are given to parents, and other than conferences there are no mechanisms developed to give the parent a full report of the child's status and progress.

School principals conduct coffee hours with parents where a variety of topics are discussed and information is conveyed. One special class teacher conducts a coffee hour with the parents of the children in her class. However, this is not a formal practice conducted by all special class teachers. The hearing impairment program in this school, as was indicated earlier, was originally begun at the urging of parents with hearing impaired children. These parents maintain very close contact with the teachers and have regular meetings in addition to regularly held individual conferences. The degree to which a close teacher-parent relationship exists depends primarily on the initiative of the teacher and parents. There are no formal outreach programs or efforts to counsel parents regarding the most effective way to deal with their child's handicap.

We were informed that some teachers are less able to deal effectively with parents than others. As a result of the school not developing formal outreach programs, the individual rapport that exists between the teacher and parent is most important in informing and educating the parent regarding her child's problem. With the unevenness that exists in some teacher's ability to deal with parents, this education process varies.

Those parents who seemed to receive the clearest explanation regarding their child, were those who made efforts to regularly contact the school and monitor the school's diagnostic and testing of the child. No parent informed us that the school made efforts to ensure their understanding of their child's difficulty.

Only the parents of the hearing impairment children had organized themselves and this was due to the fact that originally the school system resisted hiring a hearing impairment teacher. These parents initiated self-education programs and regularly made efforts to monitor teaching methods in the school. This group has caused the greatest difficulty for the school system,and some of its members are viewed as overly critical by the school administrators and teachers.

The parents of the other children had neither participated in groups relating to their child's problem or had ever considered such participation. None of the parents had discussed their child's problem with parents of other children in class. Some parents indicated that they were uncomfortable about having the fact that their child has a problem made known publically. One parent informed us that she did not like the school's use of parent volunteers because parents would discuss the problems of her child among themselves. While this was not a typical reaction from parents, many have informed us that in speaking with parents of other children with handicaps, no other child's problem appear to be similar to their own.

Only a few parents in this school system explored alternate programs for their child. This was the only school system where any parents interviewed had looked into programs in other schools. None, however, have sought outside professional advice except the parents of the hearing impaired children. Some parents informed us that they tutor their children at home to supplement their school work. They feel that this should not be necessary but were unable to explain to us how the procedures which the school system use are inadequate. Parents who seek additional diagnosis from

outside sources at the suggestion of the school system must absorb the cost themselves. Parents were generally supportive of special education in this school system. Most had seen visible progress in their children's work and were pleased that these services were provided.

THE PLANNING AND PLACEMENT TEAM PROCESS

Although the Central PPT meets every few weeks, it basically meets to review the list of all the people that have been involved in programming of one sort or another and to reevaluate this list. Further, the PPT meets to discuss new referrals. As the Director of Pupil Personnel Services indicated, however, the individual child is rarely completely evaluated and retested and restudied. If the child appears to be making progress and there does not appear to be any outward signs of problems, the child is continued in his program. It is generally left up to the teacher to make decisions regarding changes toward mainstreaming or for a referral to the PPT for other placement.

All the administrators considered the PPT and the administration of special services the part-time psychologist's responsibility. Some principals stated that they do not perform any direct supervision. Others stated that their supervision is informal and that decisions regarding changes in programs or approaches to the handling of individual students are made in conjunction with the psychologist and the special class teacher.

The members of the PPT are selected by speciality. All of the relevant people participate, generally the reading specialist, the school nurse, the special education teacher, school psychologists and the instructional aides, and the hearing impairment teacher might participate. The resource room teacher which they might have in the school has been trained in screening techniques. Psychological testing is done in Town X itself by the staff psychologist and his assistants. The results are interpreted within the school system. Parents' permission is obtained before any testing is done. A conference is then held afterward with the parent. Generally, regular class teachers are not present on the Planning and Placement Team. Several special teachers stated that this was a major oversight because it becomes much more difficult for the regular class teacher to understand the logic of the diagnosis and planning for a student. As a result, the ability of a special class teacher to advise a regular class teacher depends more on their individual ability to develop a good interpersonal relationship than on a coordinated professional relationship. Some regular class teachers feel that their prerogatives are threatened by special class teachers and challenge the authority of the special class teacher to advise them. The degree to which a regular class teacher be informed regarding the exceptionality of a particular child depends on the teacher's own initiative and is not part of any administrative program. Program planning is also left primarily to the individual special class teacher.

A referral sheet is used on which the regular teacher indicates her reason for thinking that this particular child needs help; a conference is then

held with the teacher. An observation session is then done by either the school psychologist or one of the special education teachers. We were told that the professional organizations never participate in planning and placement teams and parents as well are discouraged from participating. However, a parent might be involved if there was any particular need.

None of the parents were familiar with the planning and placement team process and none had participated in the diagnosis and planning for their child. Several were uncertain why their child was in a special education class. One parent who for a long time was concerned with co-op education as used in this school system, felt that the special classes provided greater structure in which her child could work. The individual attention provided accountability for their child and for themselves. However, the diagnosis which the parents were given in a conference with the special class teacher indicated that the parents had not provided sufficient discipline at home. This particularly annoyed the parents as they regard themselves as particularly disciplined people who require a great deal of accountability from their children.

Identification and Diagnosis

In Town X, children from the following areas of exceptionality were studied: Hearing Impaired, Learning Disabled, and Socially/Emotionally Maladjusted. Identification generally comes from regular class teachers, although initial identification of a problem is often made by a physician. Referrals to the PPT process is made through informal conversations and use of the referral form. Occasionally the psychologist is invited to observe in class by one of the special class teachers. Initial diagnosis is done by special education teachers. This is followed by psychological and educational testing administered within the school system; occasionally students are sent out of the school system for additional diagnosis.

A number of the parents interviewed had, themselves approached the school with the fact that their child had a problem. Others indicated that even after identification and diagnosis that they never received a clear explanation of their child's problem. One parent had not been contacted at all regarding the reasons her child was placed in a special class. One parent had approached the school regarding an outside placement for her learning disabled child. The administrator of the school discouraged her, and the parent did not pursue it. Another parent had been referred by the school to a program at Southern Connecticut State College which her child attended during the summer. The parent was particularly pleased with this program because she liked how the teachers dealt with both herself and her child. She spoke with the teachers more often and they made efforts to guide her in understanding the nature of her child's disability. This parent told us that, although the staff at the school had conducted an interview with her, the professionalism of their explanation, the jargon used, the acronims, etc., only confused her and she left not actually knowing what to expect from her child. It was only after that the parent made efforts to inform

herself through reading and discussions with people in the program at the regional college was she able to understand the nature of her child's difficulties. Soon after the original diagnosis administrators at the school suggested the use of medication for her child's hyperactivity. The parent, unsure that the diagnosis was accurate preferred that other approaches be used in dealing with the problem before medication was used. The parent was surprised that the use of medication should be suggested to her so soon after her child was diagnosed.

Planning and Placement

Planning and placement is generally done through informal discussions, and final recommendations are formally approved by the PPT. The special class teachers do not list individual objectives for each child. These are developed informally as the teacher works with the child through the year. The annual evaluation report which is placed in the student's file is the only regular reevaluation done with each child.

The planning and placement process of the PPT was described by the Director of PPS as follows: after initial referral is made the PPT meets to decide whether and what testing should be done. Another PPT is not called to determine planning and placement; these decisions are made between the psychologist and the appropriate special education teacher involved. The time interval between the actual referral and final placement can be very short, from two to three weeks. The resource room is composed of small groups of kids, no more than four or five. It concentrates primarily on tutoring children, motor coordination problems, etc. Its general orientation tends to be academic. Transition rooms are assigned as a homeroom and there are six students in that. Here the teacher works individually with the students.

Review and Follow-up

In general monitoring of student progress and program success is performed primarily by the class teacher. Parent reactions provide an important source for feedback. If parents appear satisfied and do not complaining, then administrators and teachers consider the programs as a success.

Although the Superintendent of Schools indicated that pre-post testing is used each year with the children, and this is how student progress is monitored, discussions with teachers revealed that there was no formal pre-post testing used. Tests are given at the beginning of each year, and these are used to compare yearly. The School Superintendent indicated that 90% of the responsibility of the education of the children in the special ed classes rests with the teacher. There is generally very little supervision other than observations which are done by the school principal occasionally.

Student records, in addition to containing test data, contained a yearly evaluation which described the student's progress that year according to

the following categories: diagnosis of problem, student program, description of student growth and observations and recommendations. General reevaluations of student programs are not done. It was reported that monthly evaluations of special education students are done by special education teachers; none were observed in student records.

TOWN Y

PROFILE

A middle sized town with a population of approximately 40,000 in the central region of the state, Town Y, ranks in the basis of per capita income in the lowest third of towns in the state. With a current operating expenditure per pupil of nearly $800, Town Y places in the fifteenth per centile of towns in the state for educational expenditures. The total school enrollment in Town Y is approximately 8,250; the reported number of students in special education programs in Town Y is 615 children both in and out of the public school system.

The Town Y school system has operated a limited number of special education programs for approximately fifteen years. These early programs as initially supported by the district were described as custodial, segregated and limited to EMR or TMR children. The district has, through a series of major program changes, expanded to services to remove children from the typical segregated setting into programs and building structures that provide greater individual programming for each child. Currently, TMR, EMR and LD programs are in operation. An attempt is made to integrate children with regular children, both at academic and social levels. This school system has a very large program for gifted children in junior and senior high schools compared with other towns in this study. However, it has no programs for the socially and emotionally disturbed.

This school system is currently involved in implementing a large scale pilot project designed to improve and intensify its ability to identify and diagnose learning disabilities in early grades.

ADMINISTRATION OF SERVICE DELIVERY

Goal: Setting and Supervision

In Town Y, the administration of the Planning and Placement Team process is decentralized to the individual schools. Although the Director of PPS maintains overall supervisory and monitoring authority, the primary decision making responsibility regarding identification, diagnosis and planning is with the building principal. The Director of Psychological Services is the chairman of the Central PPT and considers those cases that are particularly complex and those which require special placement outside the school system. School principals chair the building level BPPT and most of the decisions are made in the BPPT.

It was generally accepted by teachers and administrators that Town Y has undergone several significant changes which have drastically altered the traditional approach to special education. However, the school system has not attempted to develop a set of defined program goals nor has there been a conscious attempt to develop a basic philosophy for special education. Building level administrators did not exhibit any awareness of program goal statements, a district philosophy, or a set of long range/short range goals as they relate to special education. Central administrators demonstrated their awareness of the need in this area and

cited a series of short term goals for the district, among which goal statements for special education were included. The main emphasis of the special education programs in Town Y is toward mainstreaming integrating.

Building level and central office administrators viewed the Planning Placement Team as one of the catalytic agents which helped to bring about qualitative and quantitative changes in Town Y's special education programming. The PPT process was generally regarded as the major device through which the district becomes obliged to provide special services for a youngster. When asked of their knowledge of the PPT process in the school system, the administrators' observations varied greatly. Given the decentralized, building-level approach, school principals' observations were influenced by the type of program that was housed in buildings. Only the central office administrators were able to tie the district's elementary special education programs together by describing where various programs were located and by explaining the rationale accompanying each program placement.

Teachers generally felt that the special education programs, as they exist in the Town Y system are good but should be improved immensely. Most teachers could not identify the weakness and strength of special education programs outside of their own specialty or their own building.

In addition to the lack of centrally written program goals for special education programs there is also no uniform reporting or data collecting system to allow monitoring and program evaluation at the central level. Individual student progress is recorded by the special class teachers, regular report cards and issued, and the PPT review each student's file twice a year. There is no program evaluation as such.

One administrator indicated that for mainstreamed children there was the least uniform progress reporting; reports were the responsibility of the regular classroom teacher in conjunction with the remedial/resource teachers. Administrators, both central and building level, saw the need for developing uniform measures for assessing program effectiveness.

Parents expect and encourage mainstreaming. However, they are supportive of this concept only if their child is allowed to function within the range of their capabilities. Parents expect some help from the system in getting their child prepared for adult responsibilities, e.g., vocational education, self sufficiency, sex education, socialization and interaction with normal children wherever possible.

Communication

This school system publishes a Handbook and Curriculum Guide for the following programs: TMR - includes philosophy, definition and analysis, general objectives, evaluation methods and criteria and specific areas of competence to be developed, e.g., articulation, social behavior self care, basic knowledge etc. EMR - includes a description of philosophy and purpose, definition and intermediate levels. JHS and HS Special Education Programs - describes academic, social skills and curriculum emphasis as well as vocational guidance and training. Specific goals and objectives are described for each sub-area, e.g., educational goals, vocational education, social skills.

Teachers saw the need for more inservice training for special education and regular education personnel, e.g., most teachers reported that a simple diagnostic test score could not be interpreted by regular education personnel. They felt that the need for this skill is imperative in terms of helping identify children with suspected handicaps. In light of this, Town Y is starting a pilot project to conduct inservice training for regular class teachers as well as improve the ability to use specialized materials in the classroom and develop adequate monitoring and evaluation procedures through the use of pre-post testing.

Parents have never been informed, by the district, of their rights or what they could expect from a special education program. No parent handbook has been developed and no systemmatic outreach program has been organized for parents. One administrator indicated that there is active communication with at least one civil group for the retarded, the local Association for Retarded Citizens, but not with other groups. In this study, those parents whose children have been diagnosed as TMR or EMR are most likely to belong to a parents association, including parents of multiply handicapped youngsters. Parents of LD children are usually not involved in parent groups.

The primary reporting of children's progress to parents is in the regular report card and parent-teacher conferences. Other school-parent contacts are left to the efforts of individual teachers and parents.

Parents are highly supportive of the teacher who maintains a high level of communication with the home. They are generally satisfied with a particular program and their child's progress in that program if communication with the classroom/special teacher is maintained.

Parents feel that most of their children's teachers are competent people. They do not question their judgements because "they are the ones who have been trained to work with handicapped children."

Although the administrators envisioned greater participation in the total educational process on the part of parents, parents are not involved in the CPPT/BPPT. They are informed of the decisions which affect their children after they have already been made. Voluntary contributions to the diagnostic process are generally ignored by the system. On the other hand, when it is discovered that a child has a problem, parents are sometimes asked to provide limited amounts of information.

Parents generally support the concept of more parental involvement. However, for the less informed parent, this is not viewed as a major problem. Some parents indicated that they have been made to feel that they were being overprotective of their children when they offered their observations to school personnel.

A number of the parents viewed the school system as being composed of administrators who seek to include them in the educational process only when they want something. The major exception to this view is the attitude held by parents toward the special education teachers, particularly those with whom there was close communication.

The parents did not readily seek alternatives to the existing programs because of their lack of knowledge about what is available.

THE PLANNING AND PLACEMENT PROCESS

The PPT's can operate at the classroom level on a continuous basis. When a classroom teacher notices a child whose behavior or academic performance is not up to the appropriate level of expectation, the teacher has the option of making a referral to the building principal. When notified, the principal calls for a meeting with the classroom teacher and a resource person. The resource person can be from the area of suspected exceptionality which the classroom teacher has previously observed. The purpose of this informal PPT meeting is to decide whether or not the child could benefit from a more extensive diagnosis. If a minor change in the child's program is agreed to, the informal PPT meeting is logged and the referral is not acted upon again unless there are further complications.

As an operating entity, the building level PPT (BPPT) is generally comprised of the following persons who serve as permanent members: the classroom teacher, the principal, the psychological examiner and a resource teacher. Additional resource personnel are utilized on a need basis. The need for their services is usually determined by the lack of specific data relating to a child's problem. Their responsibility is to generate this information and to present it at the BPPT. This includes contributions for some but not all of the following personnel: social worker, school nurse, resource teacher from one or more areas of exceptionality, e.g., learning disabled, educable mentally retarded, trainable mentally retarded, speech therapist. The BPPT is generally chaired by the principal. There are no formal procedures which outline his duties or responsibilities as chairman.

During the course of the BPPT meeting, a child's case is presented and discussed in detail. With the exception of the reports from the classroom teacher and the psychological examiner all reports are given verbally. All testing results are reported and interpreted by the psychological examiner.

If the discussion resulted in a joint decision for obtaining additional information about the child, the procedures for initiating a formal PPT are undertaken. A referral is forwarded to one of the two school psychological examiners. If the psychological examiner determines that additional information beyond that of the administered tests and the classroom teacher's observations is necessary, additional resource personnel are requested. Such personnel may include one or more of the following persons: the speech therapist, the school nurse, the school social worker or any other person who could help in the diagnosis of a child's problem.

Team members are not expected to know or interpret test data. The few exceptions to this rule are the resource personnel who administer diagnostic tests (e.g., ITPA, Slingerland Phono-visual, Peabody).

Teachers viewed their participation on PPTs as crucial. However, not all teachers attend a PPT meeting for each of the children placed in their classes.

The BPPT generally terminates its meeting by making a formal recommendation that a child be placed in one of the existing programs within the system. If this is not possible, a referral is made to the Central Planning Placement Team (CPPT).

When the intervention of the CPPT is required, the services of approximately ten or more persons are needed. The CPPT has as its permanent chairman the school psychologist. He is responsible for organizing, coordinating, recording and reporting the team's findings. The teams meet solely for the purpose of reviewing cases referred to them by the BPPT. Generally the nature of these cases are complex and require the CPPT to decide on specific services which the district may or may not have. The membership of the CPPT is as follows: permanent members include the school psychologist, the Director of elementary Education, the Director of Special Education, the Administrative Assistant to the Superintendent, the school Social Worker, a paid outside consultant, the regular special education teacher and any other persons who may have knowledge of the child. This excludes participation by the parents.

During the time period that elapses between the referral by the principal and a formal PPT meeting at the building level, the principal, psychological examiner or the school social worker make contact with a child's parents and advise them of the ongoing process. In some cases, parents have been asked to contribute meaningful information regarding their child's behavioral patterns and developmental or medical history. This information is collected and reported at the regular PPT meeting, but not by parents.

Identification and Diagnosis

The regular classroom teacher, in most instances, is usually the initial referral agent. A child can also be referred to the PPT process by the building principal, the school social worker and the special education teacher. These referrals generally occur because a placement appears to be inappropriate or the child's behavior demonstrates the need for a program adjustment. Both teachers and administrators acknowledged that methods for identifying and diagnosing children who were not performing up to expectation had improved considerably over the years. However, administrators saw that the PPT played a greater role in helping a child receive the necessary services than did the teachers. Teachers expressed concern about the heavy reliance upon the results of psychological testing. They felt that a one time testing situation does not provide an adequate picture of a child's true potential.

Parents do not understand the terminology used to describe their child's problem and are generally confused by the circumstances which led to the child's coming to the attention of the district. This does not hold true for parents of children who have been diagnosed prior to entering school.

Planning and Placement

Since there are not existing written procedures for the CPPT to follow, it was difficult to ascertain how decisions regarding specific children were reached. The disposition of a child's case normally takes one of two courses: (1) placement within the existing program structures, or (2) out of district placement. An example for an indistrict placement follows. If a child manifests several disabling handicaps and the BPPT cannot decide what goals for the child could best be served, a referral is made to the CPPT. The CPPT may decide that one of the handicaps should be emphasized and that the child's total condition could be helped if progress were made in one area. If this thinking is agreed to by members of the CPPT, placement is generally made within an existing program. The special education teacher is then asked to develop and monitor a program for this child.

On several occasions, teachers cited examples of the lack of programming for children with multiple handicaps, or speech and hearing handicaps, or visual impairment. They indicated that, in many instances, the needs of the emotionally disturbed went unmet. The teachers also cited examples of how multiply handicapped children or the emotionally disturbed child would be placed in an EMR or LD class.

In the absence of defined program goal or objective statements, each program, LD, TMR and EMR, for elementary children was assigned to various locations throughout the system based on the following criteria: (1) the availability of space; (2) building resources; (3) availability of instructional resources, and; (4) building administrator attitude.

Administrators acknowledged that children are sometimes placed in programs that were second choices. This acknowledgement was generally defended by the concern surrounding the lack of resources and funds.

Teachers generally felt that the PPT process was effective for children with single or minor handicaps. The teams appeared to be least effective in placing multiply handicapped youngsters, emotionally disturbed youngsters, visually impaired youngsters and children whose speech and hearing difficulties affect their learning. Parents are not able to request the initiation of a PPT. If a parent is concerned about the appropriateness of the placement of his child, the only recourse available to the parent is to express his concerns through school personnel (i.e., teacher, social worker, principal, nurse). This option is rarely used by parents because of their lack of knowledge regarding the PPT process and the affects it has on the child.

Review and Follow-up

Under normal circumstances, a child's case is not reviewed by the BPPT or CPPT until the mandatory annual review becomes necessary. The major exceptions to this are the requests made by regular special education teachers or the school social worker who feel that a child's placement is inappropriate. If such a decision is made, a request for reconvening the BPPT is submitted to the principal and the PPT process repeats itself. If additional testing is required,

the psychological examiner can retest EMR and TMR children at any time. All other children who have been tested, under the law, must be tested every two years. Children with emotional problems or who are multiply handicapped are the most frequently referred back through the PPT process.

When a child is placed in a program within the district, as indicated earlier, the problem of goal setting and progress monitoring is left to the discretion of the teacher. If the teacher(s) were not a part of the PPT process, they operate at a tremendous disadvantage. The teacher is expected to discover the child's problems by retracing the steps taken to place him in that particular program. In the cases of the EMR and TMR child, the problem is not quite as severe because the teacher is generally familiar with the child. For EMR and TMR children, placement usually occurs because of the high level of communication between TMR and EMR staff. In cases where a child has been mainstreamed, assessment of the child's progress is reported on an informal basis to parents on a weekly or monthly basis. The only formalized procedures for reporting pupil growth or progress occurs at the end of the regular marking periods or at the time of the annual review.

The problem becomes more difficult, however, for the regular education teacher who was given a mainstreamed LD child. Such a child may have been transferred in from another building for both regular and special programming, or the LD resource teacher travels to the school. In either case, the regular classroom teacher is at a disadvantage in progress monitoring.

Teachers generally regard the information offered, recorded and reported by the PPT as being deficient. They saw the need for a complete multidisciplinary work on each child regardless of in-district program availability.

Teachers are not required to report the progress of any child outside of the normal marking periods. Anecdotal records and other informal reports are completed on a voluntary basis.

TOWN Z

PROFILE

Town Z is the largest community in our sample, with a population of 60,000. With a per capita income of appeoximately $3,500, Town Z is at nearly the mid-point of towns in the state. With current operating expenditures per student at $1,100, Town Z is in the top twentieth per centile of towns in the state by educational expenditure per pupil. Its current total enrollment is approximately 11,250 students; its reported special education enrollment in and out of programs in the district is 669 children.

Town Z has experienced a tremendous growth in the area of Special Education during the last fifteen years. Around 1961, the district had two special education teachers for EMR and TMR children. The total special education program for the district was operated by these teachers.

Through the outside funding, the district received financial support for an expansion of their programs in the early sixties. Several programs with accompanying staff were added to the district's special education efforts. Town Z currently has programs which serve the needs in the following areas: EMR, TMR, neurologically impaired, learning disabled and the emotionally handicapped. A broad based support service is also maintained to help serve the needs of handicapped children.

ADMINISTRATION OF SERVICE DELIVERY

Goal Setting and Supervision

The administration of Town Z provided the most detailed response to the request by this project for background information. Documentary information was presented concerning volunteers used in programs as well as liaison activities with independent associations. A description of the purpose and objectives of programs was prepared especially for the use of this project. Further, an outline of proposed in-service training program was submitted.

In Town Z, the Planning and Placement Teams exist solely at the building level. The teams are generally regarded as one segment of the total special education process in the district. The teams are allowed to operate independently, but all decisions made by these teams are subject to review or rejection by Central Office administrators. The Director of Pupil Services has the power to act on behalf of the Superintendent when the procedures for handling a child's case have been deemed inappropriate. —There is no Central PPT.

Given this decentralization, administrators were not aware of other programs located outside their building, e.g., programs at the junior high level.

Administrators have the major role in determining the success or failure of a PPT. In Town Z, each principal as part of his duties is held accountable for monitoring the PPT in his building, supervising his staff and determining the disposition of each referral. To assist him in making these decisions, most principals rely upon the expertise and professional judgments of teaching and resource personnel. The input from the psychological examiner's report and the classroom teacher's observations seem to be the major source of data that a team can expect to base their decisions on. Other data is acquired if requested by a teacher prior to a PPT meeting.

The district has undergone a significant change in its approach to providing special education programs to handicapped children. Central office administrators articulated the district's broad goals for special education by stating, "thirteen years ago our attitude was to provide a place for them to go and to learn whatever possible. This was to occur without too much stress on the teacher." The philosophy now of existing programs is to recognize a child's needs and to work with him to overcome his problems. The basic orientation supported by the administrators is mainstreaming. Until this year, Town Z has been operating without a statement of goals, plans or objectives. This year, a series of directives have been issued from the Director of Pupil Services' office which specifies several procedures for the PPT's. Further, a statement of formalized district policy for special education programs is currently being drawn up.

Town Z, further, has not developed established criteria by which existing practices and procedures for special education programs are evaluated. In the absence of this, the district continues to operate on a set of understandings and practices that have evolved through time and a series of directives from the Central Administration. Administrators acknowledged that the district should have evaluation criteria for assessing program effectiveness.

In terms of monitoring pupil growth, an annual review of cases of children who have been through the PPT process is done. It is not clear how a child's progress is viewed as being appropriate in terms of placement. Generally, the task of pupil growth is monitored by teaching personnel. Their procedures for operating in this manner meet the requirements as specified by law.

Communication

Town Z publishes a staff Handbook and guidelines explaining CGS 10-76. The Handbook provides an explanation of the responsibility of the school system, screening procedures, general referral procedures and a general description of the Planning and Placement Team and its purpose and function. Specific guidelines are issued governing the Planning and Placement Team. This describes the administration, levels of responsibility, participation and consultation responsibilities. Further, the school system issues procedures relating to the identification and referral to the PPT. There are two levels of identification and diagnosis. The first is between the teacher and the school principal and the second is a convening of a full PPT. These procedures identify the responsibility and composition of the PPT and the delegation of responsibilities. In addition, guidelines are published to assist in the process of identifying students needing

special services. These include observational criteria relating to general behavior, learning behavior relative to age levels. As indicated earlier, these directives have been developed within the past year and are currently being prepared as a formal district policy statement on special education.

Efforts are being made by the Director of PPS and the Assistant Superintendent of Schools to develop an extensive full-year program of in-service training. Internal and external professionals have been proposed to discuss such topics as: language and communication disorders, child psychiatry and its implications for educators, developing a model for service, individualizing instruction, etc. Two workshops are currently being planned with reference to intelligence and psychological testing and application of test results for remedial activities.

No Handbook has been developed for parents. Administrators state that they are supportive of parent involvement in special education but parent meetings and workshops attempted in the past met with varied success.

> There is, as reported by the Director of PPS, at the present time a Parent Advisory Committee for Special Education classes which is the major parent group involved with special education programming.
>
> The Committee is composed of a parent representative for each self-contained special class. Each parent represents those parents of specific special education classes throughout the Town Z school system.
>
> The purpose of the Parent Advisory Committee for Special Education classes is to develop a cooperative understanding between the special education program and the parents of children involved in such a program. A successful program can be developed only when there is an effective system of understanding and communication.
>
> The Parent Advisory Committee performs this function by advising the Superintendent of the special education needs of the community and by interpreting the special education program to parents and others in the community.
>
> The function of the Parent Advisory Committee (PAC) is to assist in making the special education instructional program as effective as possible. Recommendations of the PAC are submitted to the Superintendent of Schools who, in turn, as the chief agent of the Board of Education, submits those recommendations to the Board when Board of Education action is applicable.

None of the parents interviewed in this study were on the PAC, nor had they heard of it and so there is no firsthand information from parents regarding the effectiveness of the PAC. It should be noted that this is an advisory board.

There is also a Town Z Association to Help the Handicapped and Retarded but this is organized primarily for summer recreational programs. Most parents interviewed in Town Z had difficulty in their understanding of the PPT process and of special education in general. Two had recently moved to Town Z and had a limited knowledge and understanding of what occurs in the school setting for their children. Two other interviews were with parents who were either handicapped or were experiencing some medical problems. Meaningful information was very difficult to obtain. In one interview the parents thought that special education meant retardation. Their child had been diagnosed as learning disabled, but this notion was generally rejected by them because of the lack of communication or understanding of what the significance the term had in relation to the child's intellectual ability. During the course of one interview, the mother stated that she had three sons who were enrolled in special education programs. She described her experiences with the system by citing a historical progression of how changes have occurred and how things have gotten better. Her observations were generally supported by the comments of administrators and teachers.

THE PLANNING AND PLACEMENT TEAM

The initial diagnosis of a child who is not performing adequately in the classroom is the responsibility of the classroom teacher. Once the child is identified, a referral is made to the building principal who in turn passes it on to a resource teacher. The resource teacher discusses the child and his problem with the classroom teacher and observes the child one or two days. Usually a joint decision is made regarding the need for diagnostic testing. If this is to be done, the resource teacher administers a battery of perceptual tests to the child. This process is labeled the first level or diagnosis, and its purpose is to determine the areas of strengths and weaknesses of a child. The types of tests which are administered to a youngster are determined by the resource teacher on the basis of perceived need.

After the tests have been scored and recorded, a meeting with the principal, resource teacher and classroom teacher is held to determine the need for a formal PPT referral. Should this referral become necessary, the same request is submitted to the guidance counselor and the psychological examiner for psychological testing. This phase of the process is the second level of diagnosis Both of these steps occur before a formal PPT (at the building level) is called. For students already in programs, the resource teacher or special education teacher can ask that a PPT be reconvened.

As previously mentioned the PPTs operate at the building level. The membership includes as permanent members the principal, guidance counselor, classroom teacher, resource teacher, the psychological examiner. Additional resource personnel are included on a need basis. These teams are chaired by the guidance counselor who has the responsibility for organizing, coordinating, recording and reporting the team's findings and recommendations. These teams

do not function under a set of specified rules or procedures. Each member is expected to present his information which is based on information gained through testing, observation or investigation. Often the team makes a decision regarding a child and a report is forwarded to the Director of Pupil Services.

The resource teacher, special education teacher and the regular class teachers do not receive a report on the team's findings. This information has to be obtained through their own initiative. At this point parents are advised of the team's decision by one of the following: a teacher, the principal, the guidance counselor, or the school social worker. It becomes the duty of the teacher where the child is placed to monitor the child's progress and to advise the parent on a regular basis.

Throughout the Level #1 and Level #2 diagnostic stages, contributions from parents are sought only when necessary. Parents are generally informed of the school's discovery of their child's problems and the strategies to be used for coping with these problems after several meetings have occurred. When a child is placed in a special program, the parents are informed of the goals for their child but are not included in the process of goal formulation.

There are three types of teachers (regular, special and resource) who could be called upon to serve as a PPT member. Perhaps the most utilized of these three types is the resource teacher who is assigned the major responsibility for Level #1 testing. The teacher comments regarding the PPT process were criticisms concerning excessive time demands and testing responsibilities. They cited the lack of programs for the multiply handicapped, the visually impaired and the speech and hearing disabled as being a major weakness of the system. These teachers resented the fact that the PPT is the sole responsibility of the building team. They expressed their desire to see this responsibility shared with central administration. Again, although administrators were supportive of parent involvement in special education, they did not feel that parents should be included in the PPT process. This was described as having a curb placed on the candidness that is necessary to the meeting.

Identification and Diagnosis

Each teacher offered criticisms of the diagnostic techniques used for assessing a child's problem. It was felt that data, other than test data, was too difficult to obtain and that decisions which affected a child's life were made on the basis of inconclusive findings.

Based on the reports of special education teachers, the process is least efficient at Level #2. Due to a large number of referrals, the two psychological examiners for the district are usually backlogged from one to four weeks. Resource and special education teachers are hampered in their efforts to help regular class teachers who are expected to conduct normal daily activities, while waiting for the PPT machinery to become activated.

Alternatives for alleviating these problems as created by backlogging at Level #2 have not been explored by principals or guidance counselors at the elementary level. On the other end of the continum, junior high principals and their house masters have been known to go outside the system for an independent psychological examination.

Planning and Placement

Because of the expanded nature of the special programs for the Town Z system, an attempt is made to place as many children into existing programs as possible. This unwritten policy is beginning to suffer from minor backlashes, e.g., children who have emotional problems that affect their learning abilities are placed in LD classes. The inability of LD teachers to deal with emotional problems further complicates a frustrating situation. Multiply handicapped children are sometimes placed in programs where the area of exceptionality addresses only one part of the problem, e.g., teachers for primary EMR children are asked to take these children who have multiple handicaps. The rationale commonly offered for this situation is "...given the limited resources, sometimes a child will have to benefit from what we have...".

Teachers expressed a concern that principals do not always attend a PPT meeting which reduces the level of team efficiency tremendously, e.g., a teacher cited a situation where the classroom teacher, the guidance counselor (PPT chairman) and herself were left alone to plan a child's program. Since each of the PPT members for this meeting were first year employees of the district, there was a great deal of uncertainty about procedures, policy and program availability. In one instance a teacher made the following statement, "One thing that confuses me about the PPT, is it the obligation of the PPT to recommend a program that exists, or should they recommend a program that is appropriate?"

FOLLOW-UP AND REVIEW

Student records in this school system generally contained the following information: date and membership of PPT, a short summary of the reason for referral, a brief description of the student's background and reference to the psychological examination, a listing of the diagnostic and projective tests administered and a brief interpretation and broadly stated program recommendations. In these records, there was no information describing how the diagnosis of the child contributed to the plans recommended or what contribution was made by each participant. The PPT's appeared to focus their recommendations around those contained in the psychological examination. Annual reviews were regularly performed and student records appeared to be regularly updated.

FIVE TOWNS: A DIFFERENT PERSPECTIVE

In order to provide additional profile information of special education services in each of the towns participating in this study, a table has been developed for each town. These include information on the total number of students, both in and out of programs in the school systems, by area of exceptionality as reported for 1974. Further, based on information developed by the Bureau of Educational Management and Finance, 1973, estimated incidences of exceptionality as a percentage of the total Connecticut State 1972-73 Public School Enrollment are given. Using the estimated rate of occurence of exceptionality for the state as a whole, figures are given for the expected incidences of exceptionality for each town by their public school enrollment.

These tables, thus, are based on the actual reported number of children identified and programmed by the PPT's within the five school districts as well as the number of children who could be expected to be found in school districts of this given size. In order to preserve the anonimity of the school systems studied, this table is being reported as a per centage of students actually in programs in the school system compared with the expected incidence for each town.

Differences between the actual reported number of children and the expected number of children may be explained in many ways. This includes the possibility that the population composition of town as a whole is not reflective of the state as a whole. For this reason, definitive statements based on these tables cannot be made at this time. On the other hand, comparisons of the five towns with each other, and their patterns of emphasizing or deemphasizing certain areas of exceptionality relative to the state norm are suggestive.

These tables do demonstrate that there is great variance in how individual school systems "choose" to invest special education services. The three wealthiest towns, for example, Town A, Town X and Town Z identify and program students for learning disability at rates much higher than would be expected; the two poorer towns, Town W and Town Y have incidences for learning disability much lower than would be expected. Similarly, Town Y, has programs for the gifted/talented that well exceed their expected incidence rates based on state figures and much larger than the other school systems.

Again, these tables are provided as suggestive of differences which do exist and which reflect real differences in the ways in which the PPT process identifies and places children with exceptionalities. If a school system does not have a program for the socially-emotionally disturbed, for example, it is not that children with social-emotional problems do not exist in the school population, but rather that they may be identified in terms of an exceptionality for which programs do exist, possibly inappropriately - or they may remain unidentified.

The questions raised by these tables cannot be answered here but require a much larger, more comprehensive continuing research effort.

Total IN School Reported Number of Students Served in 1974 by Area of Exceptionality as a Percentage of Expected Incidence of Exceptionality for Each Town

	TOWN A	TOWN W	TOWN X	TOWN Y	TOWN Z
Partially Sighted	.57	0	1.6	1.01	3.6
Speech Impaired	.93	.10	4.14	2.06	.56
Hearing Impaired	1.27	2.10	4.66	2.45	.47
Educable Mentally Retarded	.51	.43	1.41	.71	.91
Trainable Mentally Retarded	.54	1.75	0	.64	.69
Physically Handicapped	.91	0	0	.12	.37
Socially Emotionally Disturbed	.79	0	.82	.10	.42
Neurologically Impaired	.65	0	0	0	.77
Learning Disabled	2.63	.68	5.05	.13	1.3
Pregnant	.19	0	0	.67	.60
Gifted/Talented	.13	.30	0	2.97	0
Multi Handicapped	3.87	3.50	0	.28	1.40
TOTALS	1.22	.42	2.58	.93	.74